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REPRINTED FROM THE "MONTREAL MEDICAL JOURNAL," AUG., 1890.

SOME RARE FORMS OF TUMORS OF THE BREAST.

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The following interesting examples of some rather rare forms of tumors of the breast which I have operated on during the past year appear to me to be of sufficient interest to place on record:—

CASE I—*Galactocoele of the Left Breast.*

Mrs. S., of Nipissing, Ont., aged 24, consulted me on March 3rd, 1890, for a small tumor of the left breast. Has been married some five years, and has had two children. With her first child she had no trouble with her breasts, but after her second confinement, some fourteen months ago, both breasts were severely inflamed ("caked"). The swelling in the right breast soon disappeared, but the left breast never resumed its usual condition; there remained behind a distinct tumor above and external to the nipple. She first noticed the tumor twelve months ago (two months after her confinement), and since then it has not increased much in size. On examining the left breast a tumor the size of a small orange was felt above and to the left of the nipple; this was freely movable under the skin, and had a soft, doughy feel. No discoloration of the skin. An aspirating needle gave a negative result. Removal was advised, and on March 6th, 1890, the skin over the tumor was incised and the cyst wall soon came into view; this was easily dissected away from the surrounding glandular tissue. The wound healed completely in a week. On opening the cyst, which was surrounded by a very thick wall, it was found to contain a putty-like substance such as one often sees in dermoid cysts.

This form of breast tumor is somewhat rare, and is always developed during the active state of the organ. It is due to the rupture or dilatation of a milk duct. At first I looked upon this case as one of dermoid cyst, but on submitting the specimen to Dr. Wyatt Johnston, he pronounced it a galactocele, the contents being made up solely of fatty materials. In these cases the serous portions of the milk are absorbed slowly and the fatty matter left. The contents of a galactocele are usually more fluid than in the case above recorded.

CASE II—*Multiple Cystoma of Both Breasts.*

Mrs. H., of Quebec, aged 40, a thin, spare woman, mother of one child aged 12, consulted me on June 7th, 1886, for a small tumor of the right breast. She had much trouble with this breast when nursing, but had not noticed this growth until a few days before. On examination, found above and close to the nipple a distinct tumor of the right breast, about the size of a walnut, freely movable, hard, and non-fluctuating. There was no retraction of the nipple and no discoloration of the skin. I regarded it as a fibroma and recommended removal. The operation was performed on June 8th, 1886. On cutting over the tumor and attempting to dissect it out I accidentally cut into it, when it immediately collapsed, emptying itself of a straw-colored fluid. On examining the breast further I found that numerous other small cysts existed, so it was decided to remove the breast, which was accordingly done. On cutting into the breast after removal it was seen to be studded with cysts from the size of a split pea to that of a bean, and containing a clear semi-gelatinous fluid. She made a good recovery, and I did not see her again until February of the present year, when she consulted me about a similar tumor of the left breast, immediately inside the nipple. As this had the same characteristics as the previous one, I diagnosed a cyst and advised removal. The breast was removed, and, as I had supposed, the tumor was cystic. This breast also was studded with innumerable small cysts. The patient recovered rapidly with two dressings and without any elevation of temperature.

In this case the tension of the cyst was so great that no fluctuation could be made out although the case was carefully examined), and the hardness and mobility of the tumor gave it the exact feel of a fibroid. These cysts, as a rule, appear quite suddenly and grow rapidly. I have at present a similar case under observation in a young woman, where there are two cysts in the left breast which have grown to the size of walnuts in three weeks. The diagnosis in these cases is often cleared up by the fact that the contents of the cyst can be squeezed out through the nipple.

CASE III—*Intra-Canalicular Fibro-Cystoma.*

Annie K., married, aged 50, was admitted into my wards in the General Hospital, May 29th, 1890, with a large, painful tumor of the left breast. Thirteen years ago she received a severe blow on the breast, which left it painful and discolored for more than a year. Soon after this, a small nodule the size of a hazel nut appeared below the left nipple and gradually increased to the size of a hen's egg. It remained this size for some ten years without causing any inconvenience or pain. Suddenly, last March, it began to grow rapidly towards the axilla; a month later it was intensely painful, and the surface became discolored and prominent at one point. When seen towards the end of May her breast appeared of large size, and to the outer side of the nipple, which was somewhat depressed, appeared a prominence the size of a small egg, which was colored purple and surrounded by an inflammatory areola. This distinctly fluctuated on palpation, and radiating from it were some large distended veins. Over the whole breast coursed large tortuous veins. The tumor itself consisted of a large, hard, irregular mass in the lower and outer zone of the breast, about the size of a croquet ball. It was tender on pressure and freely movable. There was no enlargement of the axillary glands. The patient had, up to a couple of years ago, enjoyed robust health, had of late been losing flesh, and was troubled with severe cough and expectoration; on examining the lungs, physical signs of softening were found in both apices.

On June 5th the tumor was removed ; the prominence over it proved to be a blood cyst due to rupture of some of the enlarged veins. The tumor itself turned out quite easily and resembled a cerebellum more than anything else ; the leaves unfolded as it was taken out, presenting a very characteristic appearance. Dr. Wyatt Johnston examined the growth and pronounced it to be an intra-canalicular fibroma. The curious folded appearance of this tumor is due to pressure from the growth taking place within the breast ducts. The patient was discharged from hospital in twelve days with the wound perfectly healed in two dressings.